

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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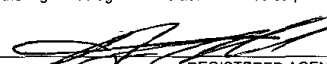
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000009339			
1. Corporation Name Kelly Park, Inc.			
2. Principal Office Address 12061 SW 121 Ave Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33186	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0722197	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Robert Flavell, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Blvd	
Suite, Apt. #, Etc. 5120	
City Miami	State FL
Zip Code 33131	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 9/12/01
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Kelly, John L.	99607 Overseas Hwy.	Key Largo, FL 33037
VPS	Kelly, Joan	99607 Overseas Hwy	Key Largo, FL 33037

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 9/12/01 Daytime Phone #

CR2E081 (9/00)

PG 282
LAW OFFICES OF
ROBERT FLAVELL, P.A.

ROBERT FLAVELL

June 20, 2001

Florida Dept. of State
Division of Corporation
~~P.O. Box 6327~~
Tallahassee, FL 32314
Attn: Marquitta Williams

Re: Reinstatement of Kelly Park, Inc. Document No. P97000009339

Dear Ms. Williams:

This office represents the above-named corporation, which was administratively dissolved for failure to file an annual report.

Due to a shareholders dispute and the court ordered appointment of a receiver, our client did not receive the annual return to file in time. We are therefore requesting an abatement of the reinstatement fee. A check in the amount of \$450.00 was previously sent to your office for reinstatement.

Should you have any questions, please do not hesitate to contact my office. Thank you for your facilitation of this matter.

Sincerely,


Robert Flavell

Enc.